



Revised  
2015

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# HOSA, TA Scholarships

SECTION F

THIS SECTION CONTAINS:

- HOSA, TA Area Scholarship Application
- Theodora Y. Justice Memorial State Scholarship Application

# HOSA, TA Area Scholarship

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## CRITERIA

1. The recipient of this scholarship must be a graduating high school senior. The applicant must be a registered and active member of his/her HOSA chapter.
2. The applicant must have a minimum GPA of 3.25.
3. The scholarship application packet must include the following:
4. **Transcript** – A current, official transcript converted into a 4.0 non-weighted scale. An **official** current transcript of the student's academic record (**MUST be converted to a 4.0 scale.**) An official stamp or embossed seal must be on the transcript. The transcript **MUST** be in a sealed envelope with an official stamp or embossed seal across the sealed flap of the envelope.

Indicate Grade Point Average (GPA) \_\_\_\_\_(on a 4.0 non-weighted scale)

5. **Leadership Activities and Recognition** – Substantiating evidence of leadership, responsibility and character through activities both within and outside of HOSA. The list of activities could include: offices held, awards and honors, and personal involvement.
6. **Health Related Community Involvement** – A listing of all health related community service activities, volunteer experience, etc. Please fill out the log sheet, located on the last page of the scholarship instructions, and list only the top five with a brief description of each activity on the HOSA application form.
7. **References** - Three (3) written references are required. The names and addresses of references must be listed on the application. References should document the applicant's scholarship, leadership abilities, interpersonal skills, integrity, and potential in the health profession and must be provided by one or all of the following:
  - o A teacher
  - o An employer
  - o Any other source other than a relative.
8. **Personal Statement/Essay**- Applicants must submit two statements on the topics listed below. Each statement must be one page each. This statement must be word-processed with these parameters: Times New Roman, 12 font, one inch margins, double spaced and include a header with name and date and your current membership ID number.

- **Topic** : Describe two (2) specific ways in which you have enhanced and promoted the HOSA mission within your local chapter.

Applicants **MUST** send materials clipped together. Pocket folders, brief folios or binders may not be used. Sheet protectors are not permitted. Incomplete applications will not be considered.

## PROCEDURE

1. All **scholarship** materials must be mailed together in one envelope. This includes letters of reference, transcript, etc. Incomplete applications will not be considered.
2. All applications must be typed, word-processed, or legible handwriting. All applications must be grammatically correct and complete for acceptance and review by HOSA.
3. On the front of the envelope (bottom right) please write the area you are from and attention scholarship committee:  
  
\*Ex: Area \_\_\_      ATTN: scholarship committee
4. The completed scholarship application **MUST** be postmarked on or before the registration deadline for the area conference in which the student will be participating in *to the designated address in the conference memo*. **NO LATE OR INCOMPLETE application will be accepted**
5. There is no limit to the number of applications per school.
6. The Scholarship Committee will review all applications received.
7. The Scholarship Committee will make the final decision on the scholarship award and the scholarship recipient will be announced during the awards ceremony at the state conference.

# HOSA, TA Area Scholarship Applicant's Information

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NAME: \_\_\_\_\_ Membership Number \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ AREA: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

SCHOOL ADDRESS

CITY STATE ZIP

COLLEGE MAJOR: \_\_\_\_\_ COLLEGE MINOR: \_\_\_\_\_

CAREER GOAL (Be specific as to career – nurse, doctor, physical therapist, etc.)  
\_\_\_\_\_

HAVE YOU BEEN ACCEPTED TO A GRADUATE OR PROFESSIONAL PROGRAM TO PURSUE YOUR EDUCATION IN HEALTH CARE? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, PLEASE PROVIDE INSTITUTION NAME. \_\_\_\_\_

IF NO, PLEASE INDICATE WHERE YOU HAVE APPLIED: \_\_\_\_\_

ADVISOR'S NAME: \_\_\_\_\_ ADVISOR'S TELEPHONE: \_\_\_\_\_

ADVISOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# HOSA, TA Area Scholarship Applicant's Activity Form

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## I. Awards (10 points)

Year	Academic	Description of Award
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Year	Other (sports, art, music etc.)	Description of Award
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## II. Leadership Activities and Recognition (30 points)

List HOSA and OTHER school offices you have held, activities you have been involved, and a clear statement of your leadership, responsibility and commitment for each. List the top 5 from your activity verification form. Please be brief.

### A. HOSA Local Chapter Activities

Year	Activity	Responsibilities of activities (i.e. duties)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



**B. HOSA Offices**

<b>Year</b>	<b>Office Held or Committee</b>	<b>Responsibilities for activities</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>Year</b>	<b>State HOSA Office Held</b>	<b>Responsibilities for activities</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**C. Attendance at HOSA conferences (List top 5)**

<b>Year</b>	<b>HOSA Conference</b>	<b>Event Participation (i.e. delegate for courtesy corp. voting delegate)</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**D. HOSA Recognition and Awards (List top 5)**

<b>Year</b>	<b>HOSA Event</b>	<b>Ranking: Area, State, National (List only 1<sup>st</sup> -5<sup>th</sup> place)</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**III. Non-HOSA Health Related Community Involvement: (15 points)**

List health related community activities (other than HOSA or school activities above) that you were involved (i.e. volunteer service at any healthcare facilities, volunteer for health organizations like Susan G. Komen for the Cure, March of Dimes, and American Red Cross). Please list your top 5.

Year	Organization Involved	Description of Participation in Each Activity
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**IV. Please list the names of your references**

1. A teacher, advisor, principal or health program director: \_\_\_\_\_
2. An employer or community leader: \_\_\_\_\_
3. Any other source other than a relative: \_\_\_\_\_





# HOSA, TA Area Scholarship Application Rating Sheet

Student Competitor Number \_\_\_\_\_

**I. Transcript/Awards: 20 points maximum**

**A. GPA (Must be converted to 4.0 scale)**

Average 3.76 – 4.0	6 points	Max (6 pts.)	_____
Average 3.5 – 3.75	4 points		
Average 3.25 – 3.49	2 points		
Not converted to 4.0 scale	0 points		

**B. Academic Awards/Honors (1 point each award, maximum 5 points)** 5 points \_\_\_\_\_

**C. Other (attendance awards, sports awards, etc.) (1 point each, up to 5)** 5 points \_\_\_\_\_

**D. Application totally complete and neat (1 point each, up to 2)** 2 points \_\_\_\_\_

**E. Further Education: Acceptance letter or typed statement (2 points)** 2 points \_\_\_\_\_

**Leadership Activities and Recognition: 30 points Maximum**

**II. A. Offices held other than HOSA (1 point each, up to 5)** 5 points \_\_\_\_\_

**B. HOSA Offices held:** 10 points \_\_\_\_\_

1 point each chapter position per year (total 4 points)

2 points for being chapter president any year

4 points for state officer position

**C. Participation in HOSA Conference** Max(10pts.) \_\_\_\_\_

Attended 5 or more conferences 10 points

Attended 4 HOSA conferences 8 points

Attended 3 HOSA conferences 6 points \_\_\_\_\_

Attended 2 HOSA conferences 4 points

Attended 1 HOSA conferences 2 points

**D. HOSA Recognition and Awards** Max(5pts.) \_\_\_\_\_

Winner of 5 HOSA awards 5 points

Winner of 4 HOSA awards 4 points

Winner of 3 HOSA awards 3 points

Winner of 2 HOSA awards 2 points

Winner of 1 HOSA awards 1 point

**III. Non-HOSA Health Related Community Involvement:** Max (15pts) \_\_\_\_\_

Major involvement – 4 or more activities 15 points

Moderate involvement – 3 activities 12 points

Minimal involvement – 2 activities 8 points

Little involvement – 1 activity 4 points

**IV. References: 9 points maximum** 9 points \_\_\_\_\_

Each reference rated as follows:

Outstanding reference with specific examples 1: (3pts), 2: (3pts), 3: (3pts)

Outstanding but general 1: (2pts), 2: (2pts), 3: (2pts)

Good 1: (1pts), 2: (1pts), 3: (1pts)

**V. Personal Statement/Essay: Maximum 26 points**

Typed and only 1 page 1 point \_\_\_\_\_

Double spaced 1 point \_\_\_\_\_

Times New Roman Font 1 point \_\_\_\_\_

12 Point Font 1 point \_\_\_\_\_

One inch margins 1 point \_\_\_\_\_

Title/header included applicants name & HOSA membership ID No. 1 point \_\_\_\_\_

Well written personal statement free of grammatical errors. 20 points \_\_\_\_\_

Grammar (4pts), Writing has all parts (4pts), Content (12pts)

Evaluator's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Total** \_\_\_\_\_

# HOSA, TA Area Scholarship Award Procedure

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To claim their Scholarship, Scholarship Recipients should:

1. Provide proof of 30-day enrollment at a college or university
2. Proof must come *from* the college to the HOSA, TA Board President / designee as instructed in the scholarship letter presented to the student with the scholarship certificate.
3. The Registrar or Financial Aid Office will send a memo on school letterhead, which verifies the recipient's enrollment for at least 30 days at the college or university.
4. Upon receipt of this verification the HOSA, TA Board President / designee will promptly process the request for payment form and send to the CPA, to send the scholarship amount **to the college or university.**
5. The school will credit the student's account with the scholarship amount. This process usually takes at least six weeks from the time the verification letter is received.
6. The scholarship shall be used for tuition, books, and fees pertaining to admission.
7. **Scholarships must be claimed by December 31 of the awarded year.**
8. Any award monies not claimed will be reapplied to the HOSA scholarship fund reserve.

# HOSA, TA Area Scholarship Application Submission Check List

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	<p>Official Sealed Transcript</p> <p>GPA must be converted to 4.0 scale</p> <p>(Ask for a duplicate copy of your official transcript to make sure it was converted to a 4.0 scale.)</p>
	<p>Three References</p>
	<p>Health Related Community Involvement Log Sheet: Make sure yearly form</p> <p>is signed by advisor(s) each year.</p>
	<p>Complete Entire Application</p> <p>Pages E-4, E-6, E-7, E-9</p>
	<p>Personal Statement/Essay</p>

# Theodora Y. Justice Memorial State Scholarship

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## CRITERIA

3. The recipient of this scholarship must be a graduating high school senior or a postsecondary/collegiate student with one year of studies remaining. The applicant must be a registered and active member of a secondary or postsecondary HOSA chapter.
4. The applicant must have a minimum GPA of 3.25.
3. The scholarship application packet must include the following:
  4. **Transcript** – A current, official transcript converted into a 4.0 non-weighted scale. An **official** current transcript of the student's academic record (**MUST be converted to a 4.0 scale.**) An official stamp or embossed seal must be on the transcript. The transcript **MUST** be in a sealed envelope with an official stamp or embossed seal across the sealed flap of the envelope.

Indicate Grade Point Average (GPA) \_\_\_\_\_(on a 4.0 non-weighted scale)

5. **Leadership Activities and Recognition** – Substantiating evidence of leadership, responsibility and character through activities both within and outside of HOSA. The list of activities could include: offices held, awards and honors, and personal involvement.
6. **Health Related Community Involvement** – A listing of all health related community service activities, volunteer experience, etc. Please fill out the log sheet, located on the last page of the scholarship instructions, and list only the top five with a brief description of each activity on the HOSA application form.
7. **References** - Three (3) written references are required. The names and addresses of references must be listed on the application. References should document the applicant's scholarship, leadership abilities, interpersonal skills, integrity, and potential in the health profession and must be provided by one or all of the following:
  - o A teacher
  - o An employer
  - o Any other source other than a relative.

8. **Personal Statement/Essay-** Applicants must submit two statements on the topics listed below. Each statement must be one page each. This statement must be word-processed with these parameters: Times New Roman, 12 font, one inch margins, double spaced and include a header with name and date and your current membership ID number.
  - o **Topic :** Describe two (2) specific ways in which you have enhanced and promoted the HOSA mission within your local chapter.

Applicants **MUST** send materials clipped together. Pocket folders, brief folios or binders may not be used. Sheet protectors are not permitted. Incomplete applications will not be considered.

## PROCEDURE

1. All **scholarship** materials must be mailed together in one envelope. This includes letters of reference, transcript, etc. Incomplete applications will not be considered.
2. All applications must be typed, word-processed, or legible handwriting. All applications must be grammatically correct and complete for acceptance and review by HOSA.
3. On the front of the envelope (bottom right) please write the area you are from and attention scholarship committee:  
  
\*Ex: Area \_\_\_      ATTN: scholarship committee
4. The completed scholarship application **MUST** be postmarked on or before the registration deadline for the state conference in which the student will be participating in *to the designated address in the conference memo*. **NO LATE OR INCOMPLETE application will be accepted**
5. There is no limit to the number of applications per school.
6. The Scholarship Committee will review all applications received.
7. The Scholarship Committee will make the final decision on the scholarship award and the scholarship recipient will be announced during the awards ceremony at the state conference.
8. Applicants **ARE** required to attend the state conference and **be registered in the scholarship event**.

# Theodora Y. Justice Memorial State Scholarship Applicant's Information

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NAME: \_\_\_\_\_ Membership Number \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ AREA: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

SCHOOL ADDRESS

CITY STATE ZIP

COLLEGE MAJOR: \_\_\_\_\_ COLLEGE MINOR: \_\_\_\_\_

CAREER GOAL (Be specific as to career – nurse, doctor, physical therapist, etc.)

\_\_\_\_\_

HAVE YOU BEEN ACCEPTED TO A GRADUATE OR PROFESSIONAL PROGRAM TO  
PURSUE YOUR EDUCATION IN HEALTH CARE? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, PLEASE PROVIDE INSTITUTION NAME. \_\_\_\_\_

IF NO, PLEASE INDICATE WHERE YOU HAVE APPLIED: \_\_\_\_\_

ADVISOR'S NAME: \_\_\_\_\_ ADVISOR'S TELEPHONE: \_\_\_\_\_

ADVISOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# Theodora Y. Justice Memorial State Scholarship Applicant's Activity Form

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## I. Awards (10 points)

Year	Academic	Description of Award
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Year	Other (sports, art, music etc.)	Description of Award
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## II. Leadership Activities and Recognition (30 points)

List HOSA and OTHER school offices you have held, activities you have been involved, and a clear statement of your leadership, responsibility and commitment for each. List the top 5 from your activity verification form. Please be brief.

### A. HOSA Local Chapter Activities

Year	Activity	Responsibilities of activities (i.e. duties)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



**B. HOSA Offices**

<b>Year</b>	<b>Office Held or Committee</b>	<b>Responsibilities for activities</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>Year</b>	<b>State HOSA Office Held</b>	<b>Responsibilities for activities</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**C. Attendance at HOSA conferences (List top 5)**

<b>Year</b>	<b>HOSA Conference</b>	<b>Event Participation (i.e. delegate for courtesy corp. voting delegate)</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**D. HOSA Recognition and Awards (List top 5)**

<b>Year</b>	<b>HOSA Event</b>	<b>Ranking: Area, State, National (List only 1<sup>st</sup> -5<sup>th</sup> place)</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____



**III. Non-HOSA Health Related Community Involvement: (15 points)**

List health related community activities (other than HOSA or school activities above) that you were involved (i.e. volunteer service at any healthcare facilities, volunteer for health organizations like Susan G. Komen for the Cure, March of Dimes, and American Red Cross). Please list your top 5.

Year	Organization Involved	Description of Participation in Each Activity
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**IV. Please list the names of your references**

1. A teacher, advisor, principal or health program director: \_\_\_\_\_
2. An employer or community leader: \_\_\_\_\_
3. Any other source other than a relative: \_\_\_\_\_

# Health Related Community Involvement Log Sheet

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Make sure to complete this form each year. It will be used to verify information written on scholarship application. Please list all yearly HOSA activities. The amount of HOSA school activities will be used to break ties for scholarship.

Name: \_\_\_\_\_ Year \_\_\_\_\_ HOSA Membership ID #: \_\_\_\_\_

Date	HOSA and Non-HOSA Community Service Projects; HOSA Activities; HOSA Conference Attendance; HOSA Recognition and Awards	Description of Activity	Total Hours	Sponsor Signature

I, \_\_\_\_\_ as the local advisor for \_\_\_\_\_  
HOSA advisor's name Student's name

Verify that all information regarding this student's HOSA activities is true to the best of my knowledge.

\_\_\_\_\_  
HOSA Advisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
HOSA Student's Signature

\_\_\_\_\_  
Date

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# Theodora Y. Justice Memorial State Scholarship Application Rating Sheet

Student Competitor Number \_\_\_\_\_

**I. Transcript/Awards: 20 points maximum**

**A. GPA (Must be converted to 4.0 scale)**

Average 3.76 – 4.0	6 points	Max (6 pts.)	_____
Average 3.5 – 3.75	4 points		
Average 3.25 – 3.49	2 points		
Not converted to 4.0 scale	0 points		

**B. Academic Awards/Honors (1 point each award, maximum 5 points)** 5 points \_\_\_\_\_

**C. Other (attendance awards, sports awards, etc.) (1 point each, up to 5)** 5 points \_\_\_\_\_

**D. Application totally complete and neat (1 point each, up to 2)** 2 points \_\_\_\_\_

**E. Further Education: Acceptance letter or typed statement (2 points)** 2 points \_\_\_\_\_

**Leadership Activities and Recognition: 30 points Maximum**

**II. A. Offices held other than HOSA (1 point each, up to 5)** 5 points \_\_\_\_\_

**B. HOSA Offices held:** 10 points \_\_\_\_\_

1 point each chapter position per year (total 4 points)

2 points for being chapter president any year

4 points for state officer position

**C. Participation in HOSA Conference** Max(10pts.) \_\_\_\_\_

Attended 5 or more conferences 10 points

Attended 4 HOSA conferences 8 points

Attended 3 HOSA conferences 6 points \_\_\_\_\_

Attended 2 HOSA conferences 4 points

Attended 1 HOSA conferences 2 points

**D. HOSA Recognition and Awards** Max(5pts.) \_\_\_\_\_

Winner of 5 HOSA awards 5 points

Winner of 4 HOSA awards 4 points

Winner of 3 HOSA awards 3 points

Winner of 2 HOSA awards 2 points

Winner of 1 HOSA awards 1 point

**III. Non-HOSA Health Related Community Involvement:** Max (15pts) \_\_\_\_\_

Major involvement – 4 or more activities 15 points

Moderate involvement – 3 activities 12 points

Minimal involvement – 2 activities 8 points

Little involvement – 1 activity 4 points

**IV. References: 9 points maximum** 9 points \_\_\_\_\_

Each reference rated as follows:

Outstanding reference with specific examples 1: (3pts), 2: (3pts), 3: (3pts)

Outstanding but general 1: (2pts), 2: (2pts), 3: (2pts)

Good 1: (1pts), 2: (1pts), 3: (1pts)

**V. Personal Statement/Essay: Maximum 26 points**

Typed and only 1 page 1 point \_\_\_\_\_

Double spaced 1 point \_\_\_\_\_

Times New Roman Font 1 point \_\_\_\_\_

12 Point Font 1 point \_\_\_\_\_

One inch margins 1 point \_\_\_\_\_

Title/header included applicants name & HOSA membership ID No. 1 point \_\_\_\_\_

Well written personal statement free of grammatical errors. 20 points \_\_\_\_\_

Grammar (4pts), Writing has all parts (4pts), Content (12pts)

Evaluator's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Total** \_\_\_\_\_

# Theodora Y. Justice Memorial State Scholarship Award Procedure

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To claim their Scholarship, Scholarship Recipients should:

9. Provide proof of 30-day enrollment at a college or university
10. Proof must come *from* the college to the HOSA, TA Board President / designee as instructed in the scholarship letter presented to the student with the scholarship certificate.
11. The Registrar or Financial Aid Office will send a memo on school letterhead, which verifies the recipient's enrollment for at least 30 days at the college or university.
12. Upon receipt of this verification the HOSA, TA Board President / designee will promptly process the request for payment form and send to the CPA, to send the scholarship amount **to the college or university.**
13. The school will credit the student's account with the scholarship amount. This process usually takes at least six weeks from the time the verification letter is received.
14. The scholarship shall be used for tuition, books, and fees pertaining to admission.
15. **Scholarships must be claimed by December 31 of the awarded year.**
16. Any award monies not claimed will be reapplied to the HOSA scholarship fund reserve.

# Theodora Y. Justice Memorial State Scholarship Application Submission Check List

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	<p>Official Sealed Transcript</p> <p>GPA must be converted to 4.0 scale</p> <p>(Ask for a duplicate copy of your official transcript to make sure it was converted to a 4.0 scale.)</p>
	<p>Three References</p>
	<p>Health Related Community Involvement Log Sheet: Make sure yearly form</p> <p>is signed by advisor(s) each year.</p>
	<p>Complete Entire Application</p> <p>Pages E-4, E-6, E-7, E-9</p>
	<p>Personal Statement/Essay</p>